

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36440
STATE FILE NUMBER

FILED NOV 6 1957

Registration District No. 160

Primary Registration District No. 559

Registrar's No. 116

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY JEFFERSON | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RR+3 Festus. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN RR+3 Festus. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | | | Length of stay in lb | | d. STREET ADDRESS (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) RALPH | | | | First G. Middle KENNEDY Last | | 4. DATE OF DEATH OCT 27, 1957 | |
| 5. SEX M | | 6. COLOR OR RACE W | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Dec. 25, 1949 | |
| 9. AGE (In years last birthday) 7 | | IF UNDER 1 YEAR Months 10 Days 2 Hours Min. | | IF UNDER 24 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Festus, Mo. | |
| 13. FATHER'S NAME Robert Lee Kennedy | | | | 14. MOTHER'S MAIDEN NAME Nellie West Brook | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT Robert Kennedy RR+3 Festus, Mo. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Influenza DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 480X | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 4 days 6 days |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | |
| 20c. TIME OF INJURY Hour Month Day Year a. m. p. m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from Oct. 27, 1957 to Oct. 27, 1957 and last saw him alive on Oct. 27, 1957 Death occurred at 12:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Henry Goskit M.D. | | | | 22b. ADDRESS Festus, Missouri | | 22c. DATE SIGNED 10-28-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE Oct 29, 1957 | | 23c. NAME OF CEMETERY OR CREMATOR WOODLAWN | | 23d. LOCATION (City, town, or county) (State) Leadington, Mo | |
| 24. FUNERAL DIRECTOR ADDRESS Raymond Caldwell and Son Flat River | | | | 25. DATE RECD. BY LOCAL REG. 11-1-57 | | 26. REGISTRAR'S SIGNATURE John C. F. Smith | |

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

NOV 5 1957

NOV 6 1957
NOV 14 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *R. Caldwell*.....

Licensed Embalmer No. *25*.....

P. O. Address *Fleet River*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.